

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5668

**63-039299**  
STATE FILE NUMBER

**FILED NOV 4 1963**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
Length of stay in 1b <b>35 yrs/</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MENORAH MEDICAL CENTER</b>		d. STREET ADDRESS (If outside, give location) <b>1317 Woodland</b>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>GLADYS CAMILLE BROWN</b>		4. DATE OF DEATH Month <b>October</b> Day <b>20</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>11-25-1910</b>
9. AGE (last birthday) <b>52</b>		IF UNDER 1 YEAR Months <b>11</b> Days <b>36</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Janitress</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>J.A. Bruning CO</b>	
11. BIRTHPLACE (City and state or country) <b>Keytesville, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Robert Christopher</b>		13b. MOTHER'S MAIDEN NAME <b>Oletha Hughes</b>	
14. NAME OF HUSBAND OR WIFE <b>Carolyn Darthard</b>		Address <b>2838 Myrtle KCMO Dau.</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>INFORMANT</b>	
---	--	--	--

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Liver Abscess &amp; Sepsis.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4+ weeks</b>
DUE TO (b) <b>Hemorrhagic Esophagitis</b>		
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
---	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>a.m.</b> Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Keytesville, Missouri</b>	

21. I attended the deceased from <b>Oct 8 1963</b> to <b>Oct 19-1963</b> and last saw her alive on <b>10-19-63</b>	
Death occurred at <b>6:00 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <b>W. R. Peterson MD</b>	22b. ADDRESS <b>2701 E 31 Street</b>	22c. DATE SIGNED <b>10-21-63</b>
--	---	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>10-23-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Keytesville, Missouri</b>	23d. LOCATION (City, town, or county) (State)
--	------------------------------	--	---

24. FUNERAL DIRECTOR <b>Watkins Bros. Funeral Home 18th &amp; Benton</b>	25. DATE RECD. BY LOCAL REG. <b>10-21-63</b>	26. REGISTRAR'S SIGNATURE <b>Bessie Smith</b>
---	---	--

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF  
MEDICAL CERTIFICATION  
**W. R. Peterson**

VS 300  
Rev. 4/59  
1  
2 **3258**  
3  
4 **3**  
5 **3**  
6  
7 **0**  
8 **1**  
**9539.1**  
10  
11  
12 **61-0**  
13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Bruce R. Hatten*

Licensed Embalmer No. 4500

P. O. Address

*18th & Benton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.